

FILED FEB 28 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **1199**  
Registrar's No. **159**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **St. Joseph's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME **Mrs Lulu Henderson**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **T. H. Henderson** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Jan 13 1875**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **11** Days **28** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **James L. Bennett**

12. Name **James L. Bennett**

13. Birthplace **unknown** 9 (City, town, or county) (State or foreign country)

14. Maiden name **unknown** 9 (City, town, or county) (State or foreign country)

15. Birthplace **unknown** 9 (City, town, or county) (State or foreign country)

16. (a) Informant **Hospital Records**

(b) Address **St. Joseph's Hosp. Kansas City, Mo.**

17. (a) **Funeral** (b) Date thereof **1 11 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kearney Mo**

18. (a) Signature of funeral director **C. W. Hessel**

(b) Address **Kearney Mo**

19. (a) **Jan 12/41** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clay**  
(c) City or town **Kearney** 24  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 5  
(e) If foreign born, how long in U. S. A.? **1** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **1** year \_\_\_\_\_ hour \_\_\_\_\_ minute **9:05 A.**

21. I hereby certify that I attended the deceased from **12-29-40**, 19\_\_\_\_, to **1-11-41**, 19\_\_\_\_; that I last saw her alive on **1-11-41**, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

**Generalized Sarcinomatous**  
Due to **Lympho Sarcoma** 55%  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **3**

23. Signature **Dr. Hessel** (M. D. or other) **3**

Address **Mo Mo** Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**